

POSITION	RECEIVED	ID NO.	DATE
FEE DETERMINATION	T-G		3/27
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LC	1019	05-02-01
RESPONSE FORMALITY REVIEW	CR	1109	10-11-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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6/3/01  
10-11-01  
X-19